



STATE OF CALIFORNIA  
DEPARTMENT OF MOTOR VEHICLES  
LICENSING OPERATIONS DIVISION  
OCCUPATIONAL LICENSING BRANCH

## APPLICATION FOR A DRIVING SCHOOL OPERATOR LICENSE

- ☐ APPLICATION FEE—\$101.00 (NON REFUNDABLE)  
☐ OPERATOR BRANCH LICENSE FEE—\$15.00  
☐ DUPLICATE LICENSE FEE—\$15.00  
☐ CHANGE SCHOOL NAME/OR ADDRESS OPERATOR FEE—\$15.00

Before submitting application, please read "Driving School Program Handbook"

NAME (FIRST, MIDDLE, LAST)

ADDRESS	CITY	ZIP CODE	TELEPHONE NUMBER (     )
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SCHOOL NAME

ADDRESS	CITY	ZIP CODE	TELEPHONE NUMBER (     )
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LIST ALL OTHER OFFICES

NAME OF SCHOOL OWNER

GIVE OFFICE HOURS FOR SCHOOL LOCATION

Do you personally intend to give driving instruction or to coach students for the law examination? \_\_\_\_\_  
(if yes, an instructor's application, with \$30.00 fee must be submitted to the department)

### INSTRUCTIONS

Present this application, with fee, to your local Department of Motor Vehicles (DMV) Occupational Licensing Inspector, together with a Personal History Questionnaire (OL 29B), and Request for Live Scan Clearance (DMV 8016). The application should be submitted at least 15 days prior to the day you wish to be licensed.

The application must also include:

- (1) Evidence of at least 2,000 hours experience of behind the wheel teaching as a driving instructor for an established licensed California Driving School, and satisfactory completion of a course in driver education and driver training acceptable to the department.

**EXCEPTION:** An applicant who works for a driving school that teaches motorcycle riding exclusively is required to have only a 300 hour certification.

**OR**

- (2) A photostat of the applicant's Department of Education certificate qualifying the applicant to teach driver education and driver training in the public school system, and evidence of having taught such subjects in the public school system for not less than 1,000 hours.

DEPARTMENT USE ONLY			
OCCUPATIONAL LICENSING NUMBER			
ACR NUMBER.			
DATE PERMIT ISSUED			
DATE PERMIT EXPIRES			
RECEIPT NUMBER			
TOTAL FEE			
INSPECTOR			



DMV USE ONLY	
OCCUPATIONAL LICENSING NUMBER	
FIRM NAME	

### **APPLICANT CERTIFICATION**

I understand that any misrepresentation in this application shall be sufficient cause for its rejection and that any violations of driving school laws in the Vehicle Code, or of the regulations adopted to put into effect such laws, shall be grounds for the revocation or suspension of any driving school operator license issued as a result of approval of this application.

I understand that I must immediately report any subsequent changes in the answers on this application to my local DMV Occupational Licensing Inspector.

I am aware of the provisions of Section 3700 of the Labor Code which require every employer to be insured against liability for workmen's compensation.

I understand that the fee paid for this application is not refundable, whether or not a license is issued.

***I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

***I further certify that I am the operator or the named driving school and that I am 21 years of age or older.***

SIGNATURE	DATE
<b>X</b>	